

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/831798
APPLICANT(S)

FILING DATE

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1		2			
TOTAL DEP.	13	↔	34	↔		
TOTAL CLAIMS	25	██████████	37	██████████		

NO.	*		*		*	
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TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		██████████		██████████		██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy